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SECRETARY OF THE AIR FORCE**



**AIR FORCE INSTRUCTION 40-301**

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**MCGUIRE AIR FORCE BASE  
Supplement 1**

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**Medical Command**

**FAMILY ADVOCACY**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This instruction implements DoDD 6400.1, *Family Advocacy Program*, 23 June 92; DoDI 6400.2, *Child and Spouse Abuse Report*, 10 July 87; DoDI 6400.3, *Family Advocacy Command Assistance Team*, 3 Feb 89; DoDI 1010.13, *Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DoD Dependent Schools Outside the United States*, 28 Aug 86; DoDI 1342.12, *Provision of Early Intervention and Special Education Services to Eligible DoD Dependents in Overseas Areas*, 12 Mar 96; DoDI 1342.14, *Monitoring of the Provision of Related Services to Handicapped Children in DoD Dependent Schools*, 25 Aug 86; and DoD 1010.13-R, *Overseas Assignment of Sponsors Who Have Children With Disabilities Who Are Space Required Students in the DoDDS*, Mar 92. It describes the responsibilities of Family Advocacy Program (FAP) agencies, FAP staff, and other Air Force personnel who are instrumental to the implementation and operation of the AF FAP, including Special Needs Identification and Assignment Coordination Process. This instruction applies to all military and civilian personnel and their dependents entitled to receive medical care in a military facility as specified in AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services System*. This instruction requires collecting and maintaining information subject to the Privacy Act of 1974 authorized by 10 USC 8013. System of records notice F044 AF SG Q applies. Records created as a result of the processes prescribed in this instruction must be maintained and disposed of IAW AFMAN 37-139, *Records Disposition Schedule*. AF Family Advocacy Program Standards provide guidance for the detailed operation of the installation FAP. Send comments and suggested improvements on AF Form 847, **Recommendation for Change of Publication**, through channels, to AFMOA/SGZF.

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**(MCGUIRE) AFI 40-301, 1 May 2002 is supplemented as follows:** This supplement provides guidance for implementing the McGuire AFB Family Advocacy Program which is under authority of AFI 40-301. This publication does not apply to Air National Guard or US Air Force Reserve units or personnel.

## ***SUMMARY OF REVISIONS***

**This document is substantially revised and must be completely reviewed.**

This publication substantially revises AFI 40-301, *Family Advocacy Program*, 22 July 94, and must be completely reviewed.

**(MCGUIRE) This document is sustantially revised and must be completely reviewed.**

**(MCGUIRE)** Administrative changes have been made to include all references to Memorial Hospital of Burlington County being changed to Virtua Memorial Hospital of Burlington County and Behavioral Medicine is now Life Skills. Paragraphs **1.4.3.**, 10.6, **4.1.3.1. (Added)**, **4.1.3.2. (Added)**, **4.1.3.3. (Added)** and **7.4.1.1. (Added)** are additions to the pre-existing McGuire AFB supplement. In addition, paragraphs have been renumbered to comply with this regulation.

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## Chapter 1

### RESPONSIBILITIES

**1.1. The Secretary of the Air Force (SAF).** Maintains overall responsibility for the Air Force Family Advocacy Program (FAP), including policy, budget, personnel, physical resources, and reporting responsibilities. Ensures compliance with Department of Defense (DoD) directives on the prevention and treatment of child and spouse maltreatment and on the provision of early intervention and medically related services to include providing funding and support for monitoring requirements.

**1.2. The Headquarters of the United States Air Force (HQ USAF).** HQ USAF agencies and personnel support the FAP as described below:

1.2.1. The Surgeon General (SG) maintains management responsibility of the FAP. The SG provides policy guidance, supports personnel requirements, and is involved in strategic planning of the FAP.

1.2.1.1. Assigns a clinical social worker as the Air Force Family Advocacy Program Manager.

1.2.1.2. Assigns a medical officer as the Air Force Special Needs Consultant.

1.2.1.3. Supports the provision and monitoring of early intervention (EI) and medically related services (MRS) IAW DoDI 1342.12, DoDI 1342.14, and 32 CFR, Part 80.

1.2.2. The Air Force Family Advocacy Program Manager:

1.2.2.1. Develops policy for implementing the Air Force Family Advocacy Program, including the identification and assignment coordination for active duty service members who have family members with special needs, and maintains overall responsibility for the AF FAP.

1.2.2.2. Develops and manages the budget for FAP.

1.2.2.3. Publishes standards detailing the operations of the Air Force FAP.

1.2.2.4. Maintains a central registry of all Air Force maltreatment reports.

1.2.2.5. Conducts evaluation of program components and other research that directly contributes to the success of the FAP.

1.2.2.6. In collaboration with the Air Force Inspection Agency (AFIA), monitors the quality of installation FAP services.

1.2.2.7. Provides education, training, and program guidance to all personnel involved in the AF FAP.

1.2.2.8. Provides data to DoD as requested or as required by directive.

1.2.2.9. Provides expert consultation on the AF FAP to DoD, HQ USAF, and other officials. Contributes to the development of DoD FAP policy as requested.

1.2.3. The Air Force Special Needs Consultant

1.2.3.1. Develops policy for identification and assignment coordination for active duty service members who have family members with special needs.

1.2.3.2. Provides consultation to the Air Force FAP Manager on special needs of Air Force family members.

1.2.3.3. Develops policy and standards for complying with DoD directives on early intervention and medically related services.

1.2.3.4. Coordinates with Air Force Personnel Center (AFPC) on policy related to the assignment of active duty personnel with family members with special medical/educational needs.

1.2.3.5. Provides consultation to Major Command Family Advocacy Program Managers (MCFAPM), Medical Treatment Facility (MTF) Commanders, MTF Special Needs Coordinators, and Family Advocacy Officers (FAO) on Family Member Relocation Clearances (FMRC), Facility Determination Inquiries (FDI), and Educational and Developmental Intervention Services (EDIS).

1.2.3.6. Coordinates with all uniformed services and Department of Defense Education Activity (DoDEA) on the provision and monitoring of early intervention and medically related services.

1.2.3.7. Provides expert consultation on the AF special needs identification and assignment coordination process to DoD, HQ USAF, and other officials. Contributes to the development of DoD policy as requested.

1.2.4. The Deputy Chief of Staff, Personnel:

1.2.4.1. Provides policy guidance on personnel programs that support FAP goals and operations.

1.2.4.2. Coordinates with DoDEA in support of FAP.

1.2.4.3. Establishes reassignment and deferment policy for families with special needs.

1.2.5. The Air Force Personnel Center:

1.2.5.1. Ensures that all in-coming AD members are screened for special needs family members.

1.2.5.2. Ensures the dissemination of the AF Form 1466 (Request For Family Member's Medical and Educational Clearance for Travel) and DD Form 2792 (Medical and Educational Summary) to all AD members when required.

1.2.5.3. Ensures the coordination of Military Personnel Flight (MPF) with the installation MTF for entry of the "Assignment Limitation Code Q" ("Q" Code) into the personnel data system.

1.2.5.4. Coordinates policies supporting FAP with the American Red Cross.

1.2.6. The Chief of Chaplains may appoint a consultant to the Air Force FAP Manager

1.2.7. The Judge Advocate General will be a consultant to the Air Force FAP Manager.

1.2.8. The Air Force Office of Special Investigations (AFOSI) will be a consultant to the Air Force FAP Manager.

1.2.9. The Chief of Security Forces will be a consultant to the Air Force FAP Manager.

1.2.10. The Director of Services, AF Services Agency, will be a consultant to the Air Force FAP Manager.

### 1.3. Major Commands.

1.3.1. Commander of each Major Command (MAJCOM):

1.3.1.1. Ensures that each installation in the command establishes and maintains a FAP IAW DoD directives, this instruction, and Air Force FAP Standards.

1.3.1.2. Assigns the Command Surgeon to manage and monitor the FAPs within the command.

1.3.1.3. Assigns the Command Surgeon to manage and monitor early intervention and medically related services where they exist.

1.3.2. The Command Surgeon:

1.3.2.1. Designates a clinical officer as the Major Command Family Advocacy Program Manager (MCFAPM). This will be a Clinical Social Worker when possible.

1.3.2.2. Resolves program problems resulting from lack of personnel or material resources.

1.3.2.3. Ensures assignment coordination processes and procedures are in place to meet family members' special medical and/or educational needs.

1.3.2.4. Ensures compliance with DoD monitoring requirements of early intervention or medically related services.

1.3.3. The Major Command Family Advocacy Program Manager (MCFAPM):

1.3.3.1. Ensures quality of FAP services.

1.3.3.2. Reviews death or high interest cases.

1.3.3.3. Serves as expert reviewer for Incident Status Determination Review (ISDR) cases as requested by Air Force Medical Operations Agency/Surgeon General Office (AFMOA/SGZF).

1.3.3.4. Assesses need for and coordinates Staff Assistance Visits (SAV).

1.3.3.5. Provides technical assistance to the installation Special Needs Coordinators and coordinates the implementation and monitoring of EI and MRS.

1.3.3.6. Conducts monitoring visits to installation EDIS programs in coordination with AFMOA/SGZF.

1.3.3.7. Collects and forwards data and reports from installation FAPs and EDIS in the Command as requested by the AF FAP or EDIS Managers.

1.3.3.8. Provides consultation to AFMOA/SGZF on MAJCOM issues.

**1.4. Installation Commander.**

1.4.1. Has responsibility for the operations and effectiveness of the installation FAP.

1.4.2. Designates the Medical Treatment Facility (MTF) Commander to administer and monitor the installation FAP.

1.4.3. Establishes an installation Family Advocacy Committee (FAC) and appoints the MTF Commander, or Deputy MTF Commander, as chairperson. The FAC is a sub-committee of the Community Action Information Board (CAIB). The CAIB will ensure all duties and responsibilities are executed. The organization of the FAC will be reflected in the installation FAP instruction.

1.4.4. Serves as a member of the FAC or delegates this responsibility to a key member of the senior staff.

- 1.4.5. Promotes and ensures cooperation among installation organizations to build healthy, resilient communities in order to prevent and treat family maltreatment.
- 1.4.6. Ensures Inter-Service Support Agreements (ISSA) are executed with other Uniformed Service helping agencies to achieve the FAP mission.
- 1.4.7. Ensures all DoD personnel comply with mandatory reporting requirements and referral of families for suspected family maltreatment and mandatory referral of sponsors with families with possible special medical and/or educational needs.
- 1.4.8. Coordinates with local civilian agencies that play a cooperative role in the effective implementation of the FAP. Ensures Memoranda of Understanding (MOU) are executed which document respective responsibilities IAW DoD directives and AF guidance.
- 1.4.9. Ensures FAP and EDIS facilities (where located) are adequate to support appropriate patient care, including attention to safety needs and handicapped accessibility.
- 1.4.10. Meets with the FAO, at least quarterly, to staff trends with high-risk FAP cases.
- 1.4.11. In collaboration with the Child Sexual Maltreatment Response Team (CSMRT) ensures full consideration of requests for the Family Advocacy Command Assistance Team (FACAT) assistance on all allegations of multi-victim child sexual maltreatment in DoD-sanctioned activities.

## **1.5. The Family Advocacy Committee.**

- 1.5.1. The MTF Commander or Deputy MTF Commander chairs the FAC
- 1.5.1. (MCGUIRE) The Family Advocacy Committee (FAC) is chaired by the 305 Medical Group Commander or appointed senior MTF designee.
- 1.5.2. The FAC includes these members:
  - 1.5.2.1. Installation Commander (or designee).
  - 1.5.2.2. MTF Commander or Deputy MTF Commander
  - 1.5.2.2. (MCGUIRE) 305th Medical Group provider as appointed by the 305 MDG/CC.
  - 1.5.2.3. FAO
  - 1.5.2.4. Family Advocacy Outreach Manager (FAOM) or Family Advocacy Intervention Specialist (FAIS)
  - 1.5.2.5. Family Support Center (FSC) Director
  - 1.5.2.6. Staff Judge Advocate (or designee)
  - 1.5.2.7. Chief or Deputy Chief, Military Personnel Flight
  - 1.5.2.8. Installation Chief of Security Forces (or designee)
  - 1.5.2.9. AFOSI Detachment Commander (or designee)
  - 1.5.2.10. Installation Staff Chaplain
  - 1.5.2.10. (MCGUIRE) 305 MDG Staff Chaplain or designated chaplain.
  - 1.5.2.11. Family Member Support Flight Chief

1.5.2.12. Senior Enlisted Advisor (SEA)

1.5.2.13. DoDEA designated representative (AF bases with DoD schools)

1.5.2.13. (MCGUIRE) Invited civilian agencies. New Jersey Division of Youth and Family Services (DYFS) (local Child Welfare agency) and Providence House (local Victim Advocacy Services agency).

1.5.2.14. The FAC may add other members such as civilian agencies and community service organizations. .

1.5.3. The FAC meets at least quarterly. Additional meetings may be held at the call of the Chairperson. The FAC accomplishes the following tasks:

1.5.3.1. Ensures the implementation of the local FAP according to DoD and Air Force Family Advocacy Program Standards directives

1.5.3.2. Ensures installation directives are developed to implement the FAP.

1.5.3.3. Reviews, approves, and supports the implementation of the annual FAP Plan.

1.5.3.4. Ensures the availability of adequate resources for the effective and efficient implementation of the FAP.

1.5.3.5. Ensures that program evaluation activities meet requirements of AFMOA/SGZF, and DoD FAP guidance.

1.5.3.6. Establishes a cooperative working relationship with all local key agencies involved in addressing prevention and intervention of maltreatment.

1.5.3.7. Ensures that all Memoranda of Understanding (MOU) necessary to implement the FAP are developed, maintained, and periodically reviewed IAW DoD directives and AF guidance.

1.5.3.8. Develops installation policies and procedures to ensure notification of appropriate agencies in incidents of suspected maltreatment.

1.5.3.9. Develops procedures to ensure the safety of victims of family maltreatment, alleged offenders, other family members, and all other members of the community.

1.5.3.10. Establishes written policies and procedures for local response to allegations of child sexual maltreatment utilizing the CSMRT and ensures that participating installation personnel are trained annually on their roles.

1.5.3.11. Establishes written policies and procedures for notification of the FAP when there is a threat of immediate harm to an individual in the FAP system. Ensures guidelines for utilization of the High Risk for Violence Response Team (HRVRT) are developed and HRVRT members are trained annually on their responsibilities.

1.5.3.12. Ensures written policies and procedures are developed for response to both incidents of death due to maltreatment and incidents of child maltreatment in DoD-sanctioned activities.

1.5.3.13. Ensures policy is developed for resolving conflicts between the prosecution and clinical treatment objectives in family maltreatment cases.

1.5.3.14. Ensures written policies and procedures are developed for FAP office and home visit safety, and FAP staff members are trained on these protocols.



1.5.3.15. Maintains minutes of FAC meetings that reflect attendance content of discussions, and decisions made.

1.5.3.16. Ensures efficient and timely coordination of the FMRC process.

1.5.4. FAC chairperson will:

1.5.4.1. Ensure that FAC members are trained on their roles and responsibilities at least annually.

1.5.4.2. Approve nominations for membership on the Family Maltreatment Case Management Team (FMCMT), CSMRT, and the HRVRT.

1.5.4.3. Appoint a FAC member and alternate to review requests for initiation of the ISDR process.

**1.6. The Medical Treatment Facility Commander (MDG/CC).** Assumes responsibility for these areas of FAP activity:

1.6.1. Staffing and training:

1.6.1.1. Serves as chair of the installation FAC.

1.6.1.2. Appoints a clinical social worker to serve as the FAO. Also designates and trains an alternate to ensure continuity of these programs. Other qualified mental health officers may fill these positions if the installation has no social workers available.

1.6.1.3. Appoints a medical officer as the Special Needs Coordinator.

1.6.1.4. Provides administrative support for FAP prevention, maltreatment intervention, EDIS, the FMRC process, and special needs identification.

1.6.1.5. Ensures all FAP management teams are trained annually on their roles and responsibilities, and on child and spouse maltreatment dynamics.

1.6.1.6. Ensures all FAP volunteers receive proper screening, training, and supervision and have received training from the American Red Cross or another organization authorized by the MTF.

1.6.1.7. Appoints a technician (4A, 4C, or 4N), or civilian equivalent, as an FMRC coordinator for the MTF.

1.6.1.8. Appoints a primary and secondary medical provider to conduct the medical interview for the FMRC process. Ensures the screening medical providers receive training on their responsibilities.

1.6.1.9. Where DoD schools exist, provides staffing for delivery of EDIS, and support to DoD EDIS monitoring teams. Monitors the delivery of EDIS according to DODI 1342.14, Monitoring of the Provision of Related Services to Handicapped Children in DoD Dependent Schools (FM&P), August 25, 1986.

1.6.2. Service Delivery:

1.6.2.1. Ensures the MTF publishes guidelines, which clarify policies, responsibilities, and procedures for all medical personnel who have roles in the FAP mission and services.

1.6.2.2. Ensures policies and procedures are established for effective coordination of services between Mental Health and Family Advocacy for the continuity of care of FAP clients.

1.6.2.3. Ensures all medical personnel notify the FAP of all suspected incidents of family maltreatment.

1.6.2.4. Where a Family Advocacy Nurse (FAN) is assigned, ensures the New Parent Support Program (NPSP) is managed according to AFMOA/SGZF guidelines.

1.6.2.5. Ensures all medical personnel notify the Special Needs Coordinator of sponsors with family members who may have special medical and/or educational needs.

1.6.2.6. Assumes responsibility for managing and monitoring health care aspects of the FAP.

1.6.2.7. Ensures medical information is accessible to support FAP and special needs identification and assignment coordination.

1.6.2.8. Ensures that family members with special needs and suspected victims of family maltreatment receive medical and dental assessment, required treatment, and referral to base and community agencies when requested by the FAO, Special Needs Coordinator, or physician.

1.6.2.9. Ensures seamless, customer-focused delivery of services for the FMRC and FDI functions.

1.6.2.10. Ensures all AD family members (FM) are cleared for outside continental United States (OCONUS) travel, including consecutive OCONUS tours (COT), in-place OCONUS tours (IPCOT), and extension of OCONUS tours. Ensures all FMs with special needs are cleared for continental United States (CONUS) PCS travel.

1.6.2.11. In cases of sudden or unexplained child deaths occurring on the installation, ensures the completion of an appropriate autopsy, notification of the AFOSI and Security Forces Squadron (SFS), and referral of the family to the FAP for immediate assessment and supportive services.

1.6.2.12. Ensures development of a comprehensive FAP prevention program.

1.6.2.13. Ensures FAP prevention programs are integrated with other MTF prevention programs and that services are integrated with other installation Integrated Delivery System (IDS) initiatives.

1.6.2.14. Establishes educational programs to provide annual training to personnel in key agencies including medical, dental, child care and youth center, youth activity volunteers, DoDEA, AFOSI, SFS, FSC, and all FAP committees and management team members.

### 1.6.3. Program Administration:

1.6.3.1. Appoints the FAOM as the FAP representative to the IDS.

1.6.3.2. Provides office space, equipment and furnishings, operating supplies, utilities, maintenance, and other required resources.

1.6.3.3. Provides computer hardware, software, and internet access to support AFMOA/SGZF, to meet Congressional and DoD-mandated data requirements.

1.6.3.4. Maintains equipment/systems that are purchased by AFMOA/SGZF for installation FAP use.

1.6.3.5. Provides environmental and security measures in accordance with Air Force Inspection Agency (AFIA), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and state and federal guidelines for sensitive information services.

- 1.6.3.5.1. Ensures each FAP facility has a personnel security duress system.
- 1.6.3.6. Establishes a Family Advocacy process improvement program, which is included in the MTF quality management program. Where EDIS exists, ensures program review/monitoring requirements are met IAW DoDI 1342.14.
- 1.6.3.7. Protects the privacy of sensitive information contained in Family Advocacy, special needs assignment coordination, and EDIS records.
- 1.6.3.8. Ensures procedures for the quarterly Wing Commander FAP brief are developed with the FAO.
- 1.6.3.9. Oversees the administration of the FMRC/FDI process IAW AFMOA/SGZF guidelines.
- 1.6.3.10. Establishes a procedure to notify the MTF Commander of all family maltreatment-associated deaths that occur on or off the installation.
- 1.6.3.11. Refers clients to the health benefits office to obtain information on TRICARE and the Programs for Persons with Disabilities (PPPWD).
- 1.6.3.12. In geographic areas where the Air Force is responsible for the provision of EDIS, initiates an agreement with DoDEA and other Military Departments specifying referral, evaluation, and service delivery procedures.
- 1.6.4. (Added-MCGUIRE) 305th Medical Group responsibilities:
  - 1.6.4.1. (Added-MCGUIRE) If a suspected maltreatment victim is brought to the 305 MDG Medical Treatment Facility (MTF), ensure sensitive and timely care will be provided.
  - 1.6.4.2. (Added-MCGUIRE) All clinic staff are mandated to report suspected child maltreatment. The following notifications will be made by attending medical staff in suspected child maltreatment during and after duty hours. Contact: DYFS, Family Advocacy, Security Forces Law Enforcement Desk and Air Force Office of Special Investigations Detachment 307 (AFOSI).
  - 1.6.4.3. (Added-MCGUIRE) All clinic personnel are mandated to report suspected spouse maltreatment and must immediately notify the Family Advocacy Officer (FAO).
  - 1.6.4.4. (Added-MCGUIRE) The attending medical provider will thoroughly document on a Standard Form 600, **Chronological Record of Medical Care** (SF 600), pertinent information when maltreatment is suspected or alleged. Information should include a detailed history of events explaining the event and a complete description of the injury or condition.
  - 1.6.4.5. (Added-MCGUIRE) Because the MTF is an outpatient clinic, capabilities for conducting forensic examinations are not available. The attending physician shall ensure all victims of suspected sexual abuse are referred to Virtua Memorial Hospital of Burlington County. In all cases, the gaining civilian facility will be notified that maltreatment is suspected.

## 1.7. The Family Advocacy Officer (FAO).

- 1.7.1. Manages the installation FAP according to AFMOA/SGZF guidance.
  - 1.7.1.1. (Added-MCGUIRE) The FAO or designated Family Advocacy staff member will screen the medical, Life Skills and Family Advocacy records of all family day care applicants and their family members.

- 1.7.1.2. (Added-MCGUIRE) The FAO or designated FAP staff members will conduct an Air Force Central Registry check on all Child Development Center (CDC) work applicants and applicant's family members over the age of 12 who are residing in their home.
- 1.7.2. Ensures notification to service member's commander and the serving AFOSI unit of all suspected incidents of family maltreatment.
- 1.7.3. Chairs the FMCMT, CSMRT, HRVRT, and the NPSP team case-staffing meeting.
- 1.7.4. Ensures integration of all FAP prevention components.
- 1.7.5. Ensures timely evaluation of all maltreatment referrals to FAP.
- 1.7.6. Ensures the local public child protective agency is notified of all child abuse incidents at installations within the U.S. and, where covered by agreement, outside the U.S.
- 1.7.7. Ensures FAP services and referral resources are included in the installation IDS information and referral guide.
- 1.7.8. Supervises FAP staff.
- 1.7.9. Must notify AFMOA/SGZF when a civilian position (civil service or contract) becomes vacant. No hiring action can be taken until refill of the position is authorized by AFMOA/SGZF.
- 1.7.10. Maintains FAP records according to AFMOA/SGZF standards and other AF and DoD guidance.
- 1.7.11. Ensures completion of the annual FAP Plan.
- 1.7.12. Completes FAP reports and submits case data according to AFMOA/SGZF guidance.
- 1.7.13. Establishes procedures for the security of FAP records and resources.
- 1.7.14. Serves as a member of the FAC.
- 1.7.15. Serves as consultant on family maltreatment to installation units and agencies.
- 1.7.16. Serves as consultant on all suspected child maltreatment in DoD-sanctioned activities.
- 1.7.17. Maintains working knowledge of the AF FAP website.
- 1.7.18. Utilizes the following Air Force forms:
  - AF 2524, Family Advocacy Information – Maltreatment Intervention Services
  - AF 2529, New Parent Support Program – Data Summary
  - AF 4274, New Parent Support Program – Case Staffing
  - AF 4275, New Parent Support Program - Contact
  - AF 4276, New Parent Support Program – Family Information
  - AF 4277, New Parent Support Program – How Can We Help?
  - AF 4278, Family Advocacy Informed Consent - Prevention

## **1.8. The Special Needs Coordinator.**

- 1.8.1. Establishes procedures for the identification of sponsors with family members with special needs.
- 1.8.2. Oversees FMRC process, coordinating with MTF FMRC coordinator on timely completion of FMRCs and FDIs.
- 1.8.3. Coordinates with the MPF on the Special Needs Screener, initiation and deletion of Q-codes, the FMRC process, and special needs reassignment/deferment requests (See AFI 36-2100, *Assignments*, Attachment 7, EFMP Assignment/Deferment).
- 1.8.4. Ensures all FAP personnel are familiar with Child Find.
- 1.8.5. Ensures special needs services and referral resources, including EDIS and Child Find, are incorporated in the installation IDS information and referral system.
- 1.8.6. Maintains working knowledge of community and national resources specific to the special needs population.
- 1.8.7. Maintains working knowledge of the DoD and AF special needs websites.
- 1.8.8. Educates medical personnel and base agencies on mandatory identification of sponsors with family members with special needs and referral requirements and procedures.
- 1.8.9. Complies with the collection and reporting of data as required by AFMOA/SGZF.
- 1.8.10. Utilizes AF Form 2523, Exceptional Family Member Program (EFMP), Information Form

**1.9. Educational and Developmental Intervention Services Director (Assigned where EDIS Clinics are located).**

- 1.9.1. Works cooperatively with DoD Schools to provide EI and MRS evaluations and other services as outlined in DoD and AF Directives, Instructions, and FAP Standards.
- 1.9.2. Ensures compliance with DoDI 1342.12, DoDI 1342.14, DoDI 1010.13, DoD 1010.13R, 32 CFR Part 80, and EDIS standards within FAP.
- 1.9.3. Oversees the provision of EI and MRS.
- 1.9.4. Notifies MCFAPM and AFMOA/SGZF of the unavailability of EI or MRS.
- 1.9.5. Ensures annual Air Force monitoring report requirements are met.
- 1.9.6. Refers clients to Special Needs Coordinator for special needs assessment.
- 1.9.7. Educates and provides liaison to collaborative agencies on Child Find.
- 1.9.8. Ensures EDIS clinic services are included in the IDS information and referral guide.
- 1.9.9. Coordinates with all itinerant locations serviced by the EDIS Program.
- 1.9.10. Establishes liaison with the Special Needs Coordinator at all itinerant locations for which the EDIS Program has responsibility.
- 1.9.11. Submits data IAW AFMOA/SGZF guidance.

**1.10. Unit Commanders, First Sergeants, and Supervisors (military or civilian).**

- 1.10.1. Will have a working knowledge of FAP, including, procedures and policies.

- 1.10.2. Will refer active duty members to Special Needs Coordinator if there are concerns that special medical and/or educational needs exist for family members.
- 1.10.3. Will report all suspicions of family maltreatment to FAP.
- 1.10.4. Will direct suspected AD family maltreatment offenders to FAP.
- 1.10.5. Will provide information and referral to AD members and eligible beneficiaries on FAP prevention and maltreatment intervention services.
- 1.10.6. (Added-MCGUIRE) Will exercise their authority over the active duty member to provide initial cooling off period when deemed necessary.

#### **1.11. The Installation Staff Chaplain.**

- 1.11.1. Serves as a member of the FAC, encourages chapel organizations to support FAP and special needs activities and programs, and provides support ministries as needed.
- 1.11.2. May nominate a chaplain to serve on the FMCMT.
- 1.11.3. Ensures all staff working directly with children/youth receive training on identification and reporting procedures for suspected family maltreatment when hired, and annually thereafter.

#### **1.12. The Staff Judge Advocate (SJA ).**

- 1.12.1. Serves, or designates an attorney to serve, on the installation FAC.
  - 1.12.1.1. (Added-MCGUIRE) Will appoint a primary contact to manage, facilitate and provide consultation regarding legal issues and aspects of allegations.
  - 1.12.1.2. (Added-MCGUIRE) Appoints a legal point of contact to assist families in answering questions of a legal nature.
  - 1.12.1.3. (Added-MCGUIRE) Provides recommendations on the release of information in conjunction with Public Affairs.
  - 1.12.1.4. (Added-MCGUIRE) Assists in the investigative process, including but not limited to providing advice on obtaining and managing admissible evidence.
- 1.12.2. Nominates an attorney to serve on the FMCMT, CSMRT, and HRVRT.
- 1.12.3. Provides consultation to the FAC in the development of MOUs and ISSAs.
- 1.12.4. Provides consultation services to the FAP.
- 1.12.5. Provides information about legal rights of family members with special medical and/or educational needs, including support of EDIS programs, where they exist.
- 1.12.6. Coordinates with the FAO to ensure ready availability and effectiveness of Victim Witness Assistance Program, (VWAP) services for qualifying families.

#### **1.13. The Installation Chief of Security Forces.**

- 1.13.1. Serves, or designates a senior member to serve, on the FAC.
- 1.13.2. Serves, or nominates a senior member of SFS, as a representative to the FMCMT and HRVRT.

1.13.3. Ensures SFS staff responsible for responding to domestic incidents are available to attend annual training provided by FAP staff on the identification and reporting procedures for suspected family maltreatment.

1.13.4. Reports all allegations/suspensions of family maltreatment to the FAP.

1.13.4.1. (Added-MCGUIRE) Will respond to all reported incidents of family maltreatment. They will coordinate with the FAO and AFOSI on investigations.

1.13.4.2. (Added-MCGUIRE) 305 SFS personnel responding to reported incidents of family maltreatment will ensure the safety of the individuals involved.

1.13.4.3. (Added-MCGUIRE) 305 SFS personnel responding to suspected incidents of family maltreatment after normal duty hours must notify the Family Advocacy office by leaving a message on the answering machine.

1.13.4.4. (Added-MCGUIRE) Personnel responding to reported suspected family maltreatment incidents may consult with the on-call mental health provider to receive assistance in handling abusive or neglectful situations.

1.13.4.5. (Added-MCGUIRE) 305 SFS will immediately turn over investigations of child sexual maltreatment to AFOSI.

1.13.4.6. (Added-MCGUIRE) 305 SFS personnel responding to incidents involving domestic violence will contact the active duty member's commander or first sergeant.

1.13.5. Coordinates investigations of child and spouse maltreatment with AFOSI.

1.13.6. Provides the FAP timely information (including blotter entries, DD Form 1569, Incident/Complaint Report) concerning all incidents or complaints of family maltreatment.

1.13.7. Supports investigative interviews of alleged criminal offenders in cases occurring in DoD-sanctioned activities, but not rules violations. Additionally, the alleged criminal offense must also come under the jurisdiction of the security forces.

#### **1.14. The Installation AFOSI Detachment Commander.**

1.14.1. Serves, or designates a senior representative to serve, on the installation FAC, FMCMT, CSMRT, and HRVRT.

1.14.2. Ensures all staff receive training on the identification and reporting procedures for suspected family maltreatment when hired, and annually thereafter.

1.14.3. Reports all allegations/suspensions of family maltreatment to the FAP.

1.14.3. (MCGUIRE) AFOSI will notify the FAO of all cases involving suspected or established family maltreatment that is brought to the attention of the installation AFOSI. In turn, the FAO will consult with the AFOSI agent prior to conducting any interviews with the concerned family.

1.14.4. Searches the Defense Clearance and Investigations Index (DCII) and its internal database for historical data pertaining to all reported incidents of child maltreatment, and on serious spouse maltreatment, and provides this information to the FAP.

1.14.4. (MCGUIRE) AFOSI personnel will notify the FAO when a Defense Criminal Investigation Index (DCII) check reveals information regarding previous incidents involving the family in question.

1.14.5. Investigates aggravated assaults, sexual assaults, and all incidents of child sexual abuse.

1.14.5. (MCGUIRE) AFOSI conducts and coordinates victim and offender interviews.

1.14.5.1. (Added-MCGUIRE) AFOSI conducts and coordinates with DYFS victim and offender interviews. Contacts other law enforcement agencies and Judge Advocate regarding investigative matters.

1.14.6. Coordinates and monitors child and spouse maltreatment investigations conducted by civilian agencies.

1.14.6. (MCGUIRE) The AFOSI Regional Forensic Consultant will provide training upon the request from 305 MDG personnel and CDC personnel to assist them in detecting injuries consistent with child abuse. Please submit training requests in writing to the AFOSI Commander.

1.14.7. Ensures all agents receive annual training on child and spouse maltreatment issues and procedures.

### **1.15. The Commander, Military Personnel Flight (MPF).**

1.15.1. Serves or designates the Deputy Chief to serve on the installation FAC.

1.15.2. Coordinates all applications for special needs reassignments or deferments with the unit commander and the MTF (See AFI 36-2110, *Assignments*, Attachment 7, EFMP Assignment/Deferment).

1.15.3. Ensures newly assigned MPF staff in Outbound Assignments receive training on responsibilities for identification and assignment coordination for sponsors with family members with special needs.

1.15.4. Ensures all incoming AD members with family members are screened for special needs.

1.15.5. Updates Assignment Limitation "Code Q" at the request of the Special Needs Coordinator.

1.15.6. Ensures FMRC has been accomplished prior to issuing Permanent Change of Station (PCS) orders.

1.15.7. Notifies the Special Needs Coordinator of special needs reassignment request results (See AFI 36-2110, *Assignments*, Attachment 7, EFMP Assignment/Deferment).

### **1.16. The Commander of the Services Squadron.**

1.16.1. Appoints the Family Member Program Flight Chief to serve on the FAC.

1.16.2. Nominates the Family Member Support Flight Chief or the Child Development Center (CDC) Director or the Youth Director, to serve on the FMCMT.

1.16.3. Ensures staff who work directly with children/youth receive training on identification and reporting procedures for suspected family maltreatment when hired, and annually thereafter.

1.16.4. Ensures staff working with children, age's birth to three years, are aware of the qualifications and the referral procedures for Child Find and the NPSP.

1.16.5. Immediately reports suspected incidents of child maltreatment occurring in an "out-of-home" care setting, such as child development centers, recreation programs, or family child care homes to the FAP.



1.16.6. Develops effective policy, in coordination with the FAC, for screening applicants seeking positions working with children and youth.

1.16.7. Provides and manages nondiscriminatory recreation activities and club programs, including special needs group projects, for children with special medical and/or educational needs.

1.16.8. Will consult with SJAG to determine proper jurisdiction and course of action for investigating/resolving situations where a child care provider/youth program staff is suspected of child abuse and/or neglect at a base center or other DoD-sanctioned activity.

#### **1.17. The Director of the Family Support Center (FSC).**

1.17.1. Serves as a member of the FAC.

1.17.2. Nominates FSC staff member to serve on FMCMT.

1.17.3. Ensures coordination of referrals and services for FAP and special needs families.

1.17.4. Ensures annual training of staff on family maltreatment dynamics and referral procedures for FAP.

**1.18. The Public Affairs Office.** Distributes FAP news releases to installation newspapers and other news media, after approval by the chairperson of the base FAC. Serves as the point of contact for FAP response to press inquiries.

**1.19. Department of Defense Education Activity (DoDEA).** A DoD school representative serves on the base FAC at overseas locations and at CONUS locations with Defense Dependents Elementary and Secondary Schools (DDESS). The school administration ensures assigned staff receive annual training to help them identify students with special needs to the Special Needs Coordinator and suspicion of child maltreatment to the FAP. In areas where the Air Force provides EI and MRS, the EDIS team coordinates with DoDEA to identify current and potential MRS/EI needs. The Special Needs Coordinator coordinates with the EDIS program to ensure MRS/EI services are available prior to a family's reassignment.

#### **1.20. Active Duty Members and Civilian Employees Mandatory Reporting.**

1.20.1. All active duty members and civilian employees of the Air Force will report all incidents of suspected family maltreatment to the FAP. All military-related child care and medical providers will be trained regarding the indicators of child abuse and neglect, and the procedures for reporting family maltreatment to the FAP. Exclusions are limited to chaplains receiving information through a "penitent-clergyman" relationship or confidential communications in the course of their official duties, and Area Defense Counsel (ADC) receiving information from an established attorney-client relationship.

1.20.2. Every active duty member will notify the Special Needs Coordinator when he or she has one or more family members with special medical and/or educational needs. All active duty members will comply with FMRC screening of family members for PCS travel.

## Chapter 2

### PROGRAM STRUCTURE AND ADMINISTRATION OVERVIEW

**2.1. The Family Advocacy Program.** The Air Force FAP is a medical program that enhances Air Force readiness by promoting family and community health and resilience and advocates for nonviolent communities. The FAP helps build and sustain healthy communities by developing, implementing, and evaluating programs and policies designed to prevent and treat child and spouse maltreatment. The FAP provides program management, oversight, expert training, and consultation services to its key customers and maintains, analyzes, and reports data on child and spouse maltreatment. The FAP identifies and supports family members with special medical and/or educational needs. In concert with installation and community agencies, the Air Force FAP provides a continuum of services designed to build community health and resiliency. The FAP facilitates family, community, and mission readiness.

**2.2. Program Components.** The FAP is comprised of three principal components: prevention services, maltreatment intervention, and the special needs identification and assignment coordination.

2.2.1. Prevention: The installation FAP prevention team will collaborate with key community leaders, the Integrated Delivery System (IDS), and other helping agencies to provide services that enhance the resilience of Air Force communities and reduce the incidence of family maltreatment. Programs are directed toward community organization and the provision of prevention services. FAP prevention services include Outreach, the New Parent Support Program (NPSP), and on a space-available basis, Secondary Prevention Counseling Services. FAP Outreach is designed to coordinate and implement primary and secondary services that include education and skill development, advocacy, collaboration, community intervention, referral links to community resources, and marketing the FAP. The NPSP provides communication and home-based education and support services to families with children ages' birth to three years, including the prenatal period.

2.2.2. Maltreatment Intervention: Through the installation FAP, the Air Force provides and/or coordinates identification, assessment, treatment, and case management services to all eligible beneficiaries experiencing problems with family maltreatment. FAP providers will collaborate with community resources and the various management teams.

2.2.3. Special Needs Identification and Assignment Coordination Process: All active duty sponsors with family members having special medical and/or educational needs will be identified to the installation Special Needs Coordinator. The installation Special Needs Coordinator will coordinate with local agencies regarding available medical and educational services, facilitate the FMRC and special needs reassignment request, and as staffing allows provide case management services. The Air Force will monitor those EDIS programs managed by the Air Force to ensure compliance with legislative mandates. EDIS programs are clinics that are part of the MTF at locations with DoD schools that provide Early Intervention and/or Medically Related Services.

**2.3. Additional Administrative Elements.** To ensure program effectiveness, the following key features will exist as a part of each installation FAP:

2.3.1. Installation and MTF instructions which detail client-focused processes, directed toward preventing, identifying, assessing, and providing intervention for child and spouse maltreatment.

2.3.2. MTF instruction, which details client-focused, processes to accomplish the FMRC.

2.3.3. A FAP Annual Plan developed by the FAO and FAP staff, which includes a FAP Prevention Plan and Marketing Plan. The FAP annual plan will be approved and monitored by the FAC.

2.3.4. MOUs, developed between FAP and key civilian agencies, which specify interagency client-focused processes that ensure the safety of service members and their families, and enhance access to community resources.

2.3.5. A duress system and written office safety policy, which include both the FAP office and home-visit environments.

2.3.6. FAP records created for each family involved in family maltreatment, families with special medical and/or educational needs, and clinical secondary prevention activities requiring documentation. These records will be maintained IAW FAP Standards.

2.3.7. Limits of confidentiality advisement.

2.3.8. Electronic data submitted to AFMOA/SGZF using the Family Advocacy Data Automation Program (FADAP), and special needs data management systems.

**2.4. Civilian Family Advocacy Staff.** AFMOA/SGZF uses congressional funds allocated for maltreatment intervention and prevention services to provide civilian staffing for FAP. The staff may be hired through the civilian personnel system or personal services contract. Civilian FAP staff will not provide special needs assignment coordination services, but will offer maltreatment intervention and prevention services to special needs families. All FAP staff is involved in providing maltreatment prevention services.

2.4.1. Civilian Staff: The FAO supervises all civilian Family Advocacy staff. See the AF FAP Standards for the role of each staff member. AFMOA/SGZF manages the authorization and funding of these positions. The resources for these positions come from a special congressional authorization to prevent and treat family maltreatment in the military. The FAO must notify AFMOA/SGZF when a civilian position (civil service or contract) becomes vacant. No hiring action can be taken until refill of the position is authorized by AFMOA/SGZF.

2.4.2. AFMOA/SGZF-Funded Civilian Employees: Civilian employees whose positions are funded by AFMOA/SGZF cannot serve as the FAO, alternate FAO, acting FAO, or Special Needs Coordinator. Civilian personnel cannot participate in any after-hours "on-call" duties.

2.4.3. Civilian Providers of FAP Clinical Services: The Family Advocacy Treatment Manager (FATM) and the Family Advocacy Intervention Specialist (FAIS) are the only AFMOA-funded civilian staff that are privileged by the MTF to provide independent clinical services. Family Advocacy Nurses (FAN) will maintain a current copy of their state license with the MTF and can practice the full range of FAP nursing services.

2.4.4. Civilian Providers of FAP Outreach Services: All FAP services performed by the FAOM will be nonclinical and of a community organization focus. Therefore, FAOMs will not be allowed to acquire privileges, so as to function solely as key facilitator and coordinator for FAP marketing and community prevention services.

2.4.5. Civilian FAP staff will comply with HQ USAF/SG guidance on entering patient activity into the Ambulatory Data System (ADS).

2.4.6. Limitations on New FAP Civilian Employees: While awaiting the outcome of background checks:

2.4.6.1. Providers with provisional privileges may work with all clients without direct line-of-sight supervision as long as appropriate professional supervision is provided.

2.4.6.2. FAP nurses may work with adult clients without direct line of sight supervision, and with minor clients (under 18 years of age) only when a parent/guardian is present.

2.4.6.3. All other FAP employees will not work with minor clients until completion of a background check.

## Chapter 3

### PREVENTION

**3.1. Policy Statement for FAP Community Prevention :** The unique mission of FAP community prevention is to facilitate the reduction in the number and severity of incidents of family maltreatment, with an overarching goal to build healthy communities. Outreach is the FAP umbrella component that supports all FAP programs and services and is the conduit for FAP prevention and community activity. The function of the Outreach component is structured through four key Outreach domains: Advocacy, Training, Education, and Skills Development and Marketing; and three key strategies: Resource Finding and Service Linking, Collaboration, and Community Intervention. Through Outreach implementation, these domains and strategies guide FAP prevention from theory to practice and support community competence on maltreatment dynamics, reporting, and prevention. Under the direction of the FAO, the Family Advocacy Outreach Manager (FAOM) leads the prevention team and facilitates and coordinates FAP prevention and community initiatives utilizing this operational structure.

All FAP services, activities, and collaborative initiatives support community cohesion and promote advocacy for nonviolent communities. The FAP team focuses prevention program planning, development, implementation, and service delivery, on enhancing and building community capacity. FAP community service efforts include a focus on building connections among formal and informal civilian and military leadership, agencies, and organizations. The goal of FAP prevention is to decrease behaviors that contribute to family maltreatment and enhance behaviors that foster a healthy lifestyle.

### 3.2. Prevention Program Planning.

3.2.1. In prevention program planning and delivery, the FAP team will collaborate with mental health, and other MTF clinics and services, the installation Integrated Delivery System (IDS), installation leaders, the Chaplain Service, and key community and military agencies.

3.2.2. Community needs assessments are accomplished in collaboration with the installation IDS. The USAF Community Needs Assessment is a primary instrument, but additional assessments are utilized to further define installation community needs. Findings are incorporated into FAP prevention planning.

3.2.3. The FAP team develops an annual FAP Prevention Plan, including a marketing plan, based on the most current assessment of community needs. The FAP Prevention Plan will be coordinated with the installation IDS.

### 3.3. Prevention Functions and Services.

3.3.1. The FAP prevention team will develop and manage the FAP Prevention Program. The FAOM, as the prevention team leader and the key community liaison for FAP, is responsible for the coordination and facilitation of the FAP Prevention and Marketing Plan. While the primary responsibility lies with the FAOM, the FAP staff will take a team approach to the development, planning, and implementation of all prevention services, activities, and initiatives.

3.3.2. The FAP coordinates with, and supports, the IDS. The FAOM is the IDS representative for FAP and attends the Community Action Information Board (CAIB) accordingly.

3.3.3. The FAP team will implement primary and secondary prevention strategies to enhance community capacity and resilience building.

3.3.4. The FAP markets core concepts, key messages, and specific services that advocate for nonviolent communities and address community needs.

3.3.5. The FAP team develops and manages the New Parent Support Program (NPSP) IAW AF FAP and DoD guidelines. The FAN is the key facilitator for NPSP services.

3.3.6. The FAP will provide annual education to all Commanders and First Sergeants, base human service agencies, Family Member Support Flight, Medical Providers, Chaplains, FSC, SJA, AFOSI, SFS, and other key personnel on the dynamics of family maltreatment and FAP procedures, including the identification of sponsors of family members with special needs.

3.3.7. In addition to the mandatory training, the FAP team provides information, education, and skills development for the entire installation community.

## Chapter 4

### MALTREATMENT INTERVENTION

#### 4.1. Management Teams.

4.1.1. Family Maltreatment Case Management Team (FMCMT). The FMCMT is a multidisciplinary team that manages the assessment of and interventions with families referred for allegations of maltreatment. The FAC chairperson approves the members of the FMCMT. The FMCMT is comprised of AF and civilian agencies involved in the assessment/investigation, and/or treatment of families experiencing family maltreatment. The FMCMT operates according to AF FAP guidance and:

4.1.1.1. Trains annually on member roles and responsibilities, and the dynamics of family maltreatment.

4.1.1.2. Meets at the call of the FAO, at least monthly.

4.1.1.3. Makes an incident status determination on each allegation of maltreatment and develops, reviews, and approves intervention plans.

4.1.1.4. Ensures involved adult family members receive notification of FMCMT incident status determination and any changes in treatment recommendations.

4.1.1.5. Ensures unit commanders and first sergeants are invited to attend the FMCMT meetings for discussion of cases involving their unit members.

4.1.1.6. Ensures unit commanders are informed of the AD members' incident status determinations, recommendations for interventions, and families' participation in treatment.

4.1.1.7. Reviews each open substantiated case at least quarterly. Child sexual maltreatment cases are reviewed monthly.

4.1.1.8. Makes case closure and transfer decisions.

4.1.1.9. Conducts a review of an incident status determination when directed by the FAC chairperson.

4.1.2. Child Sexual Maltreatment Response Team (CSMRT). The FAC chair approves the CSMRT membership. The CSMRT manages the initial response to allegations of child sexual maltreatment. Team composition includes the FAO and representatives from the OSI and Legal.

4.1.2.1. (Added-MCGUIRE) Scope: The CSMRT will be activated and applies to all child sexual maltreatment referrals involving imminent danger to the victim, the possibility of multiple victims and when criminal prosecution is possible.

4.1.2.2. (Added-MCGUIRE) Procedures: Following notification of alleged sexual maltreatment, the CSMRT will be briefed as soon as possible, but no later than 48 hours after the referral. Purpose of briefing will be to assess the allegation, coordinate a course of action, attend to the well being of victim(s), his or her family and the alleged offender, develop a strategy for interviewing the victim(s), including who will conduct the interview and where it will be accomplished, minimize the number of investigative interviews and medical examinations to reduce emotional trauma of the response process.

4.1.2.3. (Added-MCGUIRE) CSMRT MEMBERSHIP: The membership of the CSMRT will include a primary and alternate representative from the following agencies: FAO, AFOSI, Staff Judge Advocate and DYFS.

4.1.2.4. (Added-MCGUIRE) Upon report of alleged sexual maltreatment, FAP will immediately notify AFOSI, DYFS, HQ AFMOA, MDG/CC and 305 AMW/CC.

4.1.2.5. (Added-MCGUIRE) Family Advocacy coordinates with AFOSI and DYFS to ensure the risk of future maltreatment is evaluated, alleged victim and other children are safe; that prompt clinical evaluation of all alleged victims, to include a medical exam and clinical interview, are performed; and referrals for services for alleged victims and parents are provided. If needed, the Family Advocacy Command Assistance Team (FACAT) will be contacted and coordinated with 305 AMW Commander and HQ AFMOA.

4.1.2.6. (Added-MCGUIRE) In cases of alleged multiple-victim child sexual maltreatment in Department of Defense (DoD) sanctioned activities, the CSMRT will consider recommending that the Wing Commander request deployment of the DoD FACAT.

4.1.2.7. (Added-MCGUIRE) When the FACAT is deployed, the CSMART will serve as the nucleus for the installation level task force.

4.1.2.8. (Added-MCGUIRE) The CSMRT will provide an in-brief to the FACAT concerning assessment of the allegation(s) of child sexual abuse.

4.1.2.9. (Added-MCGUIRE) The CSMART will maintain continuous interface with the FACAT.

4.1.3. High Risk for Violence Response Team (HRVRT). The FAC chair approves the HRVRT membership. The HRVRT will be activated when there is a threat of immediate harm to an individual in the FAP system. The HRVRT develops and implements a management and tracking mechanism for high-risk individuals.

4.1.3.1. (Added-MCGUIRE) The HRVRT is established by the FAC. The HRVRT will be activated and applies to all high-risk issues concerning FAP clients or staff who are in imminent danger of being harmed.

4.1.3.2. (Added-MCGUIRE) The membership of the HRVRT will include but not limited to FAO, FAP Staff, Sponsors Command, Security Forces Commander, SJA, Life Skills Provider, and AFOSI.

4.1.3.3. (Added-MCGUIRE) The purpose of HRVRT activation is to assess the level of danger to staff or FAP clients and to make and implement coordinated safety plans to reduce risk of danger.

## **4.2. Intervention.**

4.2.1. Each allegation of family maltreatment receives an immediate initial risk assessment followed by intake interviews and assessments with all family members. If maltreatment is substantiated, a comprehensive treatment plan will be developed with the family. Regardless of incident status, referrals will be made to address any needs identified in the assessment process.

4.2.2. Information and referral to the Victim Witness Assistance Program (VWAP) is provided to victims IAW Chapter 7, AFI 51-201, Administration of Military Justice and local SJA policy.



4.2.3. Law enforcement, emergency personnel, and unit commands are responsible for managing emergency situations in the home that require securing safety for family members. FAP staff will not accompany authoritative/emergency personnel to situations in which safety has not been secured.

4.2.4. Policies, procedures, and individualized plans will be developed to ensure the safety of victims and/or potential victims, alleged offenders, and other family members.

4.2.5. Unit commanders, Security Forces, SJA, and other authoritative agencies will be consulted, as required, in making necessary protective interventions.

4.2.6. The effectiveness of interventions is evaluated at least quarterly.

4.2.7. The FAP Team ensures a range of services is available to meet the treatment needs of victims, offenders, and family members IAW AF FAP standards.

## Chapter 5

### SPECIAL NEEDS IDENTIFICATION AND ASSIGNMENT COORDINATION PROCESS

**5.1. Special Needs Identification and Assignment Coordination Process.** Identifies active duty service members with family members with special medical and/or educational needs, helps those families to obtain information on required services, and ensures they have access to necessary services if reassigned. The process also assists the MPF in updating the Assignment Limitation “Code Q” that is assigned to the sponsor for the purpose of ensuring service availability upon PCS. Therefore, special needs identification is mandatory for active duty sponsors whose family members meet identification criteria established by the DoD.

**5.2. Special Needs Coordinator.** Opens special needs assignment coordination records and initiates Assignment Limitation “Code Q” after identifying that a special medical and/or educational need exists. The Special Needs Coordinator provides oversight of the FMRC process. AF Form 1466, Request for Family Member's Medical and Education Clearance for Travel, and DD Form 2792, Addendum B, Special Education/Early Intervention Summary, are processed by the Special Needs Coordinator and FMRC administrative staff. In addition, the coordinator refers active duty service members to the MPF for information on the EFMP assignment or deferment process IAW AFI 36-2110, Attachment 7.

**5.3. The Family Member Relocation Clearance Process (FMRC).** Process of coordinating whether family members needs can be met at the projected location prior to the sponsor receiving PCS orders. The FMRC will be conducted IAW AFMOA/SGZF FAP Standards and guidance.

## Chapter 6

### EDUCATIONAL AND DEVELOPMENTAL INTERVENTION SERVICES (EDIS)

**6.1. Provision of Medically Related Services (MRS) and Early Intervention (EI).** Medically related and early intervention services are provided to ensure that all children educated in DoD Schools are provided a free, appropriate public education under the provision of DoDI 1342.12 and 32 CFR Part 80. Where DoD Schools exist, EDIS teams within the MTF provide these required services. EDIS is provided by geographic location so that another military service may be providing EDIS support to Air Force families. Only Early Intervention Services are provided in support of Defense Dependent Elementary and Secondary Schools (DDESS) while Early Intervention and Medically Related Services are provided in support of DoDDS.

6.1.1. The following AF Forms and EDIS pamphlets will be used within EDIS.

#### AIR FORCE FORMS

AF Form 4267, Individualized Family Service Plan Review/Change Form

AF Form 4268, Individualized Family Service Plan (IFSP)

AF Form 4269, Consent for Release or Request of Information

AF Form 4270, Permission to Screen/Evaluate

AF Form 4271, Certificate of Eligibility

AF Form 4272, Educational and Developmental Intervention Notification of Proposed Meeting

#### PAMPHLETS

EDIS Procedural Safeguards Trifold

EDIS Due Process Procedures for Resolving Disagreements Handout

6.1.2. Data on the number of children being served within EDIS will be submitted IAW AFMOA/SGZF guidance.

**6.2. Monitoring the Provision of MRS & EI.** AF and installation-level monitoring functions and program reviews will be conducted IAW DoD and AFMOA/SGZF guidance.

**6.3. Child Find.** The ongoing process that seeks and identifies children who are eligible to receive special education and related services. Child Find activities include the dissemination of information to the public as well as screening, referral, and identification procedures. The EDIS program director has the responsibility to ensure implementation of Child Find activities where EDIS exists. It is important that children of military members who have special education needs are identified. Military members who have children with special needs cannot receive approval for government travel until their educational and medical service needs have been determined and addressed.

**6.4. Assignment Coordination.** All family member children who are eligible to attend DoDDS must have an educational clearance as part of the FMRC process. Required educational services are coordinated with the Pacific and Europe Special Education Area Coordinators by the installation processing the FDI.

## Chapter 7

### DISPOSITION OF PERSONNEL

**7.1. Special Duty.** FAP involvement, by itself, does not require any duty restriction. For information about how to assign personnel receiving FAP assistance while performing duties requiring either the Sensitive Duty Programs, security clearance, access to classified information, or unescorted entry into restricted areas, refer to AFI 36-2104, Nuclear Weapons Personnel Reliability Program, and AFI 31-501, Personnel Security Program Management.

**7.2. Review of Duty Assignment.** Commanders must review the duty assignment status of all military members whose current duties may make it difficult for them to receive Family Advocacy intervention services or services for family members with special needs. Military members considered fit for duty may continue in their primary or control Air Force Specialty Code (AFSC) while involved in FAP treatment, unless precluded under AFI 36-2101, Classifying Military Personnel. If precluded, the commander may assign members under their secondary or tertiary AFSC during the FAP intervention process.

**7.3. Promotion and Retention of Personnel.** A member's involvement in the FAP will not be the sole basis for denying or withholding promotion or retention.

#### **7.4. Assignment Availability.**

7.4.1. Family Member Relocation Clearances. All AD Air Force members who want their family members to accompany them to an assignment outside the CONUS, and all Air Force members with Assignment Limitation "Code Q" who want their family members to go with them to any assignment, participate in a screening process according to AFPD 24-1, Personnel Movement; AFI 24-101, Passenger Movement; and AFI 36-2102, Base Level Relocation Procedures, to determine if any special medical and/or educational needs exist that require a Facility Determination Inquiry is accomplished.

7.4.1.1. (Added-MCGUIRE) Member's dependents, including those with special needs, requiring a relocation clearance, will be screened by the FAP after initial screening by medical staff. These require an appointment with the FAO or designee and will be coordinated by the Family Advocacy Data Specialist or designee through the TRICARE office. Medical records, if available, will also be screened by provider. Medical Staff and FAP provider will complete DD Form 1466, **Request for Family Members Medical and Educational Clearance for Travel**, respectively, and if required, will complete their applicable sections on the DD Form 2792, **Exceptional Family Member Medical Summary**, along with any applicable addendums. The SF 600 will also be completed for each family member cleared and filed in their medical record. Providers involved with the relocation clearance process will coordinate with the 305 MDG Chief of Medical Staff for final decisions and dispositions.

7.4.2. Family Maltreatment. Active duty members receiving intervention services for family maltreatment who are sufficiently emotionally, psychologically, and physiologically stable can be assigned to any location that offers appropriate services. If maltreatment occurs in a family with PCS

orders, the unit commander will suspend the assignment until evaluations are completed to ensure availability of services at the gaining base.

PAUL K. CARLTON, Lt General, USAF, MC  
Surgeon General

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION  
(AFI 33-360, VOL I, PARAGRAPH A4.10.2.1)*****References***

*Title 10 United States Code Section 8013*

*AFI 24-101, Passenger Movement*

*AFI 31-501, Personnel Security Program Management*

*AFI 36-2101, Classifying Military Personnel*

*AFI 36-2102, Base-Level Relocation Procedures*

*AFI 36-2104, Nuclear Weapons Personnel Reliability Program*

*AFI 36-2110, Assignments*

*AFI 36-3020, Family Members Travel*

*AFI 41-115, Authorized Health Care and Health Care Benefits in the Military Health Services System*

*AFI 51-201, Administration of Military Justice*

*AFI 71-101, Criminal Investigations*

*AFPD 24-1, Personnel Movement*

*United States Air Force Family Advocacy Program Standards*

*DODD 6400.1, Family Advocacy Program, 23 June 92*

*DODI 1010.13, Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DoD Dependent Schools Outside the United States, 28 Aug 86*

*DOD 1010.13-R, Overseas Assignment of Sponsors Who Have Children With Disabilities Who Are Space-Required Students in the DoDDS, Mar 92*

*DODI 1342.12, Provision of Early Intervention and Special Education Services to Eligible DoD Dependents in Overseas Areas, 12 Mar 96*

*DODI 1342.14, Monitoring the Provision of Related Services to Handicapped Children in DoD Dependent Schools, 25 Aug 86*

*DODI 6400.3, Family Advocacy Command Assistance Team, 3 Feb 89*

*Public Law 99-457, Education of the Handicapped Act, October 8, 1986, as amended*

*Public Law 101-647, Crime Control Act of 1990, November 29, 1990*

***Abbreviations and Acronyms***

**ACC**—Air Combat Command

**ADAF**—Active Duty Air Force

**AD HOC**—Called when needed

**ADS**—Ambulatory Data System

**AETC**—Air Education Training Command

**AFA**—Air Force Academy

**AFI**—Air Force Instruction

**AFIA**—Air Force Inspection Agency

**AFMAN**—Air Force Manual

**AFMOA/SGZF**—Air Force Medical Operations Agency, Office of the Surgeon General, Family Advocacy Program

**AFOSI**—Air Force Office of Special Investigations

**AFPC**—Air Force Personnel Center

**AFPD**—Air Force Policy Directive

**AFSC**—Air Force Specialty Code

**AF/SG**—Air Force Surgeon General

**CAIB**—Community Action Information Board

**CDC**—Child Development Center

**CONUS**—Continental United States

**COT**—Consecutive OCONUS Tour

**CPS**—Child Protective Services

**CSMRT**—Child Sexual Maltreatment Response Team

**DCII**—Defense Clearance and Investigations Index

**DDESS**—Defense Department Elementary and Secondary Schools

**DEERS**—Defense Eligibility Enrollment System

**DoD**—Department of Defense

**DoDD**—Department of Defense Directive

**DoDEA**—Department of Defense Education Activity

**DoDI**—Department of Defense Instruction

**DP**—Deputy Chief of Staff, Personnel

**DHP**—Direct Health Program

**EDIS**—Educational and Developmental Intervention Services

**EIS**—Early Intervention Services

**FAC**—Family Advocacy Committee

**FACAT**—Family Advocacy Command Assistance Team

**FADA**—Family Advocacy Data Automation Program



**FAIS**—Family Advocacy Intervention Specialist  
**FAN**—Family Advocacy Nurse  
**FAO**—Family Advocacy Officer  
**FAOM**—Family Advocacy Outreach Manager  
**FAP**—Family Advocacy Program  
**FAST**—Family Advocacy Staff Training  
**FATM**—Family Advocacy Treatment Manager  
**FCCH**—Family Child Care Home  
**FDI**—Facility Determination Inquiry  
**FMCMT**—Family Maltreatment Case Management Team  
**FMRC**—Family Member Relocation Clearance  
**FSC**—Family Support Center  
**HAWC**—Health and Wellness Center  
**HQ USAF**—Headquarters, United States Air Force  
**HRVRT**—High Risk for Violence Response Team  
**HSI**—Health Services Inspection  
**IAW**—In Accordance With  
**IDEA**—Individuals with Disabilities Education Act  
**IDS**—Integrated Delivery System  
**IEP**—Individualized Educational Program  
**IPCOT**—In-place Consecutive Overseas Tour  
**ISDR**—Incident Status Determination Review  
**ISSA**—Inter-Service Support Agreement  
**JCAHO**—Joint Commission on Accreditation of Healthcare Organizations  
**MAJCOM**—Major Command  
**MCFAPM**—Major Command Family Advocacy Program Manager  
**MOA**—Memorandum of Agreement  
**MOU**—Memoranda of Understanding  
**MPF**—Military Personnel Flight  
**MRS**—Medically Related Services  
**MTF**—Medical Treatment Facility  
**NPSP**—New Parent Support Program

**OCONUS**—Outside Continental United States

**OPR**—Office of Primary Responsibility

**PCS**—Permanent Change of Station

**PPFWD**—Programs for Persons With Disabilities

**PL**—Public Law

**Q-CODE**—Assignment Limitation Code-Q

**SAF**—Secretary of the Air Force

**SEA**—Senior Enlisted Advisor

**SFS**—Security Forces Squadron

**SG**—Surgeon General

**SJA**—Staff Judge Advocate

**SNPMIS**—Special Needs Program Management Information System

**TDY**—Temporary Duty

**VWAP**—Victim Witness Assistance Program

### *Terms*

**Child Find**—The ongoing process that seeks and identifies children who are eligible to receive special education and related services.

**FAP Standards**—Specific guidance provided by AFMOA/SGZF to provide detailed directions for implementation of the Family Advocacy Program within the USAF.

**Maltreatment**—A general term encompassing child abuse or neglect and spouse abuse or neglect.

**Outreach**—Activities in support of maltreatment prevention. Usually provided by the Outreach Program Manager and take the form of primary and secondary prevention activities. Does not include tertiary prevention (usually referred to as "treatment").

**Prevention**—Activities with and for families undertaken prior to the report of abuse. May be primary prevention (activities for all families) or secondary prevention (activities for families identified to be at risk for maltreatment).

**Special Needs Coordinator**—Medical officer appointed to manage identification and assignment coordination for active duty service members with family members with special needs.

**Substantiated**—The status of a child or spouse maltreatment report or incident. This term is a social, rather than legal, definition and means the "preponderance of evidence" in a report or incident indicates the abuse did occur

**Treatment**—Direct services to families identified as experiencing maltreatment. Also called "tertiary prevention" in some references.

**Unsubstantiated**—The status of a child or spouse maltreatment incident wherein the "preponderance of the evidence" does **NOT** indicate abuse occurred.